Revised December 1974

## CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

015-

57109

		STATE	DEPARTM	ENT OF HEALTH SFUND RECORDS CTR
PRODUCER OF WASTE (Mu				HAULER OF WASTE (Must be filled by hauler) 999000637
Name ALCOP A	Lum / Con (T	11 60000	CODE NO.	ASBURY OIL CO.  13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Pick up Address: (STAZET) COA (CITY)				Pick Up: Stare 15
Felephone Number: ()	P.O. or Contract No	o.:	<del></del>	II 17
Order Placed By:			State Liquid Waste Hauler's Registration No. (if applicable):	
Telephone Number: (				Job No.: No. of Loads or Trips: Unit No   Vehicle:
DESCRIPTION OF WASTE (Must be filled by producer)				The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:				I certify (or declare) under penalty of perjury
1. L. Acid solution	6. 🗌 Tetraethyl lead sludge	11. Contaminated soi	il and sand	that the foregoing is true and correct.
- 2. 🗐 Alkaline solution	7. Chemical toilet wastes	12. Cannery waste		DISPOSER OF WASTE (Must be filled by disposer)
3. 🗍 Pesticides	8. 🗆 Tank bottom sediment	13. 🔲 Latex waste		2425 50. 42.
4. [] Paint sludge		14. Und and water		Name (print of type):
5. Solvent	10. Drilling mud	15. 🗖 Brine		Site Address:
Other (Specify)			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and	
Components: local restri (Examples: Hydrochloric acid, lime, caustic soda, Concentration:				Quantity measured at site (if applicable): State fee (if any):
			Handling Method(s):	
			☐ recovery	
				treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, FRECIPITATION) CODE NO.
3				(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
				other (specify):
5.		📙		If waste is held for disposal elsewhere specify lines location:
6.				Disposal Date:
Hazardous Properties of Waste:				I certify (or declare) under penalty of perjury
pH 7 non	e 🗆 toxic 🗆 flammable	corrosive L exp	losive	that the foregoing is true and correct.
/		barrels		SIGNATURE OF AUTHORIZED AGENT AND TITLE
Bulk Volume:	gal _ tons -	(42 gal.) Other	SPECIFY)	The site operator shall submit a legiple copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (NUMBER)	drums 🗌 cartons 🗍	bags Other	STECIFY)	77)/
Physical State:	solid Stiquid		SPECIFY	
Special Franching Instructions (if any):				
				•
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).				
t certify (or declare) under penalty of perjury that the foregoing is true and correct.				FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.  D.O.T. Proper Shipping Name.
	SIGNATORE	OF AUTHOWIZED ACT OF AM	ບ ຖາເຮ	D.O.1 Proper Shipping Name

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